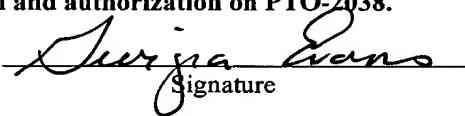


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 201487/1070
CERTIFICATE OF MAILING		
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on July 17, 2003.</p>		
<p>Signature:   Name: Peggy S. Dirmeyer</p>		
<p>In re Application of Amagai et al.</p>		
<p>Application Number 09/937,739 based on PCT/JP00/02023</p>		
<p>For AUTOIMMUNE DISEASE MODEL ANIMAL</p>		
Group Art Unit 1632	Examiner Q. Janice L.	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p>		
<p>The requested extension and appropriate entity fee are as follows (check time period desired):</p>		
<p><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) \$ 110.00</p>		
<p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410) \$ _____</p>		
<p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930) \$ _____</p>		
<p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450) \$ _____</p>		
<p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970) \$ _____</p>		
<p><input type="checkbox"/> Applicant claims small entity status.</p>		
<p><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</p>		
<p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>		
<p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p>		
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>. I have enclosed a duplicate copy of this sheet.</p>		
<p>I am the <input type="checkbox"/> applicant/inventor</p>		
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p>		
<p><input checked="" type="checkbox"/> attorney or agent of record.</p>		
<p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a) _____.</p>		
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>		
<p>  Date _____</p>		
<p>  Signature _____</p>		
<p>Georgia Evans  Typed or printed name _____</p>		
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<p><input type="checkbox"/> Total of _____ forms are submitted.</p>		

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